



**APPLICATION FOR COVERAGE UNDER NDPDES  
GENERAL PERMIT NDR04-0000 FOR STORM WATER DISCHARGES  
FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 53488 (12/02)

**For Dept. Use Only**

Application Number

Date Received

**GENERAL INFORMATION**

Name of Owner or Agency with Operational Control of the MS4 (City, County, NDDOT, etc.)

MS4 Owner or Operator Address

Contact Person Responsible for Permit Compliance

Telephone No.

Mailing Address

City

State

Zip code

ND

Briefly describe the location/area of the MS4:

Provide the name or general description of the water body(s), or other MS4s, that will receive storm water from the MS4:

Provide the location of transportation facilities with vehicle maintenance activities, public works maintenance yards and wastewater treatment works with a design flow of 1.0 mgd or greater.

(You may attach additional sheets, if more space is needed to provide the information requested above)

## APPLICATION REQUIREMENTS AND PREREQUISITES

The general permit requires that a Storm Water Pollution Prevention Program be developed and implemented. A summary, or outline, of the program must be included as part of your application. The summary must include the information for each of the six minimum control measures indicated in the general permit for storm water discharges from small MS4s (see part V.G of the permit). For each of the measures you must indicate the Best Management Practices (BMPs) you intend to implement, the measurable goals for the BMPs, estimated time lines for the BMPs and indicate who is responsible for implementing each measure. Continue by completing the check lists regarding your planned program and summary.

**Does your planned Storm Water Pollution Prevention Program address the following minimum control measures?**

1. Public education and outreach	Yes	No
2. Public participation and involvement	Yes	No
3. Illicit discharge detection and elimination	Yes	No
4. Construction site runoff control	Yes	No
5. Post construction storm water management	Yes	No
6. Pollution prevention/good housekeeping	Yes	No

**Are the following items addressed for each of the control measures in the attachment to this application summarizing the Storm Water Pollution Prevention Program?**

1. The Best Management Practices (BMPs) that you will implement for each of the minimum control measures at Part V, G. of the permit	Yes	No
2. The measurable goals for the BMPs you plan to implement, including as appropriate, a description of the planned actions, timing and frequency of actions, and milestones	Yes	No
3. Estimated time line(s) (months, years) in which you will implement each Best Management Practice	Yes	No
4. Person(s) responsible for implementing and/or coordinating each component of the Storm Water Pollution Prevention Program. (This should be the person(s) you want the Department to contact regarding the overall program or the particular components)	Yes	No

## CERTIFICATION AND SIGNATURE

"I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment."

Printed Name of Applicant

Title

Signature of Applicant

Date

**RETURN COMPLETED APPLICATION TO:**

North Dakota Department of Health  
Division of Water Quality  
1200 Missouri Ave., Rm. 203  
PO Box 5520  
Bismarck, ND 58506-5520

Telephone: 701-328-5210